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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Group: 3739
Confirmation No.: 6811
Application No.: 09/785,715
Invention: TISSUE TREATMENT METHOD
Inventor: W. Gregory Chernoff
Filed: February 16, 2001
Attorney
Docket: 6631-27092
Examiner: Farah, Ahmed M.

Certificate Under 37 CFR 1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

on 12/29/03

(Signature)

(Printed Name)

RESPONSE TO OFFICE ACTION

Mail Stop Non Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated September 29, 2003 in the above-identified patent application, please consider the following. The Commissioner is authorized to charge any fees which may be due, to Deposit Account 10-0435, but not to include any payment of issue fees.

Amendments to the Claims begin on page 2 of this paper.



Remarks begin on page 4 of this paper.

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3739

AMENDMENT TRANSMITTAL LETTER (Small Entity)				Docket No. 6631-27092	
Applicant(s): W. Gregory Chernoff		Serial No. 09/785,715		Filing Date February 16, 2001	
		Examiner Ahmed M. Farah		Group Art Unit 3739	
Invention: TISSUE TREATMENT METHOD					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
<input checked="" type="checkbox"/> Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted.					
<input type="checkbox"/> A verified statement to establish Small Entity status under 37 FR 1.27 is enclosed.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	11 -	20 =	0 x	\$9.00	\$0.00
INDEP. CLAIMS	2 -	3 =	0 x	\$43.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
 <input checked="" type="checkbox"/> No additional fee is required for amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____					
<input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 10-0435					
<input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.					
<input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 _____ Signature			Dated: 12/29/03		
Richard D. Conard, Esq. BARNES & THORNBURG 11 S. Meridian Street Indianapolis, IN 46204 (317) 231-7285			<div style="border: 1px solid black; padding: 5px;"><p>I certify that this document and fee is being deposited on 12/29/03 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</p> _____ Signature of Person Mailing Correspondence Karla I. Mays _____ Typed or Printed Name of Person Mailing Correspondence</div>		
Attorney Reg. No. 27,321					
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